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UCC FINANCING STATEMENT AMENDMENT

A. NAME & PHONE OF CONTACT AT FILER [optional]
LOAN SERVICING 800-775-8015

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

FIRST MUTUAL BANK

PO BOX 1647

BELLEVUE, WA 98009-16

Doc#: 0804617060 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 02/15/2008 02:22 PM Pg: 1 of 2

				THE ABOVE SPA	CE IS FOR FILI	NG OFFICE USE O	NLY
1a. INITIAL FINANCING 0706539107				1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.			
2. TERMINATION: Effectiveness of the Financian Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.							
	N: Effectiveness of the additional period provid	Financing S atement identified above by application law.	ve with respect to s	ecurity interest(s) of the Secured	Party suthorizing th	nis Continuation State	ment is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a 5.7b and address of assignee in item 7c; and also give name of assignor in item 9.							
Also check one of the	following three boxes an	l): This Amendment affects Det d provide appropriate information is it	tems 6 and/or 7.	od Party of record. Check only one	_		
CHANGE name a	nd/or address: Give cum unge) in item 7a or 7b an	ent record name in item 6a or ou; asc d/or new address (if address cha ige)	give new	DELETE name: Give record name to be deleted in item 6a or 6b.		 Complete item 7a or so complete items 7d- 	7b, and also 7g (if applicable).
6. CURRENT RECOR	D INFORMATION:						
6a. ORGANIZATIO	N'S NAME		4				
			'				
OR 66. INDIVIDUAL'S	AST NAME		FIRST NA ME		MIDDLE NAME		SUFFIX
MCPHEETE	ERS		RALPH),	A		
7. CHANGED (NEW) OR ADDED INFORMATION:							
7a. ORGANIZATIO	N'S NAME			11/2			
7b. INDIVIDUAL'S I	AST NAME		FIRST NAME	C	MIDDLE NAME		SUFFIX
7c. MAILING ADDRESS			CITY		STATE POST	AL CODE	COUNTRY
7d. TAX ID#: S\$N OR	EIN ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTIO	N OF ORGANIZATION	rg. ORĞANIZATI	IONAL ID #, if any	NONE
8. AMENDMENT (CO	`	E): check only <u>one</u> box. , or give endre restated collatera	al description, or d	escribe collateral assigned.)ss.	

adds collateral or adds the authorizing Debtor, or if this is a Ten 9a. ORGANIZATION'S NAME FIRST MUTUAL BANK	mination authorized by a Debtor, check here and enter no	2	30-08
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
OPTIONAL FILER REFERENCE DATA DEBTOR(S): MCPHEETERS, RALPH A	& REGINA M, 51-113914-04	\$ 36.50	600 × IC

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UC	C FINANCING STATEN	IENTAMENDMI	ENT ADDENDUM
FOL	LOW INSTRUCTIONS (front and back	k) CAREFULLY	
	NITIAL FINANCING STATEMENT FI 0706539107 03/06/2007	LE # (same as item 1a on Ame	endment form)
12.	NAME OF PARTY AUTHORIZING TI	HIS AMENDMENT (same as	item 9 on Amendment form)
	12a. ORGANIZATION'S NAME		
	FIRST MUTUAL BANK		
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFIX

13. Use this space for additional information

DEBTOR: MCPHFLTFRS, RALPH A

ADDITIONAL DEBTOK: MCPHEETERS, REGINA M

PARCEL ID: 24-33-110-015-0000

LEGAL: LOT 127 IN PLAYFIELD, A SUBDIVISION OF THE NORTHEAST QUARTER OF THE SOUTHWEST QUARTER AND PART OF THE NORTHWEST QUARTER OF SECTION 33, TOWNSHIP 37 NORTH, RANGE 13 EAST, OF THE 1412 PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

SITUATE IN THE COUNTY OF COOK, STATE O' II LINOIS.

ADDRESS: 5307 ARBOR LN, CRESTWOOD, IL 60445

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

County Clark's Office